

### RESIDENTIAL-LIGHT COMMERCIAL

\*\*\*GENERAL INFORMATION\*\*\*

**THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE ADDRESS SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION. \*\*The application must be completed in ink\*\* TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED. ACKNOWLEDGMENT OF RECEIPT OF YOUR APPLICATION WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

#### THIS APPLICATION PACKET INCLUDES:

#### COMPLETED

Application for Licensure  
Form DD2586  
Bank Credit Reference  
Letter of Reference or Training Non Commissioned Officers or Training Manager (Form C)  
Consent Form  
DD214  
NGB Form 22 (Retired National Guardsmen) *(If applicable)*  
1059 from Appropriate Schools *(If applicable)*  
Letters of Recommendation from Commander or Designated Representative

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### LICENSES REQUIRED

Licenses are required of persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A. § 43-41-2 from the Board's Laws as well as the Board's rules for definitions. Veterans applying must have an honorable discharge or a general discharge from active military service and do so no later than 180 days after his or her discharge. Discharge under other than honorable conditions, a bad conduct discharge, or a dishonorable discharge is not eligible to apply for application for veterans.

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#### **\*\*PLEASE READ THE FOLLOWING FOR HELP IN COMPLETING YOUR APPLICATION\*\***

1. **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.** Applications are valid for one year. Check or money order should be made payable to "State Licensing Board for Residential and General Contractors." As provided by O.C.G.A. § 16-9-20, a \$40.00 service fee will be assessed on dishonored checks.
2. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
3. **REQUIREMENTS FOR LICENSURE:**
  - Must be a minimum of 21 years old.
  - Must be of good character and otherwise qualified as to competency, ability, integrity and financial responsibility. To prove financial responsibility you may submit a bank credit reference form showing 24 months history (Form B); a \$25,000 surety bond; a \$25,000 line of credit or letter of credit; or affirmation of a minimum net worth of \$25,000. If applying as an individual, it must be in your individual name; if applying as a qualifying agent for a business organization, it must be in the business organization's name.
  - Must comply with one of the following:
    - (a) Army – Utilities Operation and Maintenance Technician MOS 210A (rank E5 or above)
    - (b) Air Force – Civil Engineer AFSC 32EX1 (rank E5 or above) Officer Only **or**
    - (c) Marine Corps – Utilities Chief MOS 1169 Rank GySgt- MGSgt Possess experience in MOS: 1141, 1142, 1161, or 1171
  - If applying based on education, you must submit to the Board with this application, ***in a sealed envelope***, an official transcript, diploma, or certification from accredited college, university, or technical school attended or **Form 1059** from Appropriate Schools.

- Must complete the Consent Form (Form D) granting permission to the Board for a background check, including criminal history, and **submit it with your application**.
  - Must furnish a list of all persons, entities, and businesses the applicant will be affiliated with as a licensed contractor. Please include principal officers, titles, and contact information.
  - Must obtain a Certificate of Insurance from your insurance company showing proof of general liability insurance in a minimum amount of \$500,000 per occurrence and **submit the certificate with your application**. Also, the applicant must show proof of workers compensation insurance, if the applicant is required to carry such by Georgia law. If the applicant is applying as an individual, such proof shall be on behalf of the individual. However, if the applicant is applying as a qualifying agent, such proof shall relate to the business organization.
  - **Letter of Authority:** Must **submit with your application** proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. Please visit the Secretary of State, Corporations Division at [www.sos.georgia.gov/corporations](http://www.sos.georgia.gov/corporations) , to print a copy of your business organization's History page or Letter of Authority.
  - **Letter of Recommendation** Submit letter of Recommendation from Commander or Designated Rep.
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### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's web site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors). You are responsible for knowing the laws and rules for your profession.

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### **VETERANS' PREFERENCE POINTS**

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

### **DISABILITY ACCOMMODATION**

Persons who have a disability and may require accommodation should either: a) contact the Board office or b) visit our website (click the link to "download forms") to obtain the "Request for Disability Guidelines" form.

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### **KEEP A COPY OF YOUR APPLICATION MATERIALS.**

All original materials will be maintained by our office and not returned to you.

Revised 10/30/13

# EXAM

**FOR BOARD USE ONLY**

Amount Submitted \$ \_\_\_\_\_

Date/Initials \_\_\_\_\_

Receipt # \_\_\_\_\_

**FOR BOARD USE ONLY**

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant # \_\_\_\_\_

**State Licensing Board for Residential and General Contractors**

237 Coliseum Drive

Macon, GA 31217

478-207-2440 (Phone)

866-888-9718 (Fax)

[www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)**Application For Licensure as a Residential-Light Commercial Contractor****Obtained By Examination for Veterans****\$200.00 Non-refundable application fee**

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. §16-9-20

**DISABILITY-**If you have a disability and may require an accommodation, you must contact the Board office or visit our website to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES.**VETERANS' PREFERENCE POINTS-** Veterans may be eligible for special benefits in testing. Must submit a complete DD-214 Form.

\*\* This application MUST BE completed in ink\*\*

☐ I wish to be considered for Veteran's Preference Points

Under which of the following are you applying? (see O.C.G.A. §§ 43-41-9(a) and 43-41-2(2)):

☐ Individual in his or her own behalf (Skip Part 2)☐ Individual acting as a Qualifying Agent for a business organization**Part 1- APPLICANT INFORMATION:**1. Name: \_\_\_\_\_  
Last First Middle Maiden2. Mailing Address: \_\_\_\_\_  
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

\_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

3. Telephone #: ( ) \_\_\_\_\_ Other #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

4. Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

6. \_\_\_\_\_ I am a U.S. citizen. \_\_\_\_\_ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

7. Trade Name and Physical Address of Company with which you will be affiliated through this license (if your company is doing business as another company, you must select and apply for only one company name in this application). All requisite forms of proof must be in the selected company's name†: \_\_\_\_\_

† Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed residential-basic or residential-light commercial contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

**Part 2 – QUALIFYING AGENT INFORMATION:** (only complete if applying on behalf of a business organization) **Please be sure the Qualifying Agent Affidavit section below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.**

**1. Name and type of Business Organization\*:** \_\_\_\_\_

☐ Partnership/LLP    ☐ LLC    ☐ Corporation (please list state of incorporation): \_\_\_\_\_  
☐ Joint Venture    ☐ Other \_\_\_\_\_

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

\* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed residential-basic or residential-light commercial contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

**2. Physical Business Address:** \_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

**3. Federal ID#:** \_\_\_\_\_

**4. Business Telephone #:** (    ) \_\_\_\_\_

**5. Fax #:** (    ) \_\_\_\_\_

### QUALIFYING AGENT AFFIDAVIT

I, \_\_\_\_\_, of \_\_\_\_\_, certify that I am  
(Name) (Company Name)

the ☐ Owner ☐ Officer ☐ Partner of said business and possess binding authority for the business

organization and do hereby appoint \_\_\_\_\_ to act as  
(Name)

qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia residential light commercial contractor's license. **I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts and contract performance and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

\_\_\_\_\_  
(Owner/Officer/Partner Signature)

\_\_\_\_\_  
(Title)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_  
(Seal)

**Part 3: Financial Responsibility** (To be answered by the applicant – *if applying as an individual in his or her own behalf, answer for the individual – if applying as a qualifying agent for a business organization, answer for the business organization*)

1. Do your total assets (what is owned) exceed total liabilities (what is owed)?  
☐ Yes      ☐ No
2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?  
☐ Yes      ☐ No
3. Have you paid all judgments, taxes, student loans or child support payments as required by law?  
☐ Yes      ☐ No
4. Have you as an individual or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?  
☐ Yes      ☐ No

If you answered “No” to question 1, 2, or 3 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “No” answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered “Yes” to question 4, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

5. Please check one of the following indicating what you are submitting to prove financial responsibility (must be in your individual name if applying as an individual/must be in business organization’s name if applying as qualifying agent).

- ☐ Bank Credit Reference Form reflecting 24 months history (Form B)
- ☐ \$25,000 Surety Bond
- ☐ \$25,000 Line of Credit or \$25,000 Letter of Credit
- ☐ I hereby affirm:
  - ☐ I (as an individual) have a minimum net worth of \$25,000.
  - ☐ The business organization for which I am applying as qualifying agent has a minimum net worth of \$25,000.

6. Do you currently carry workers compensation insurance as required by state law?  
☐ Yes (Attach certificate from insurer)      ☐ No      ☐ N/A (Less than 3 employees)
7. Do you currently carry general liability insurance in a minimum amount of \$500,000?  
☐ Yes (Attach certificate from insurer)      ☐ No

**Part 4: General Information** (To be answered by the applicant)

1. Are you at least 21 years of age?      ☐ Yes      ☐ No
2. Are you of good moral character and otherwise qualified as to competency, ability and integrity?      ☐ Yes      ☐ No

Please note that completion of and submission to the Division of this application provides your consent for the Division to perform a background check on you. Thus, as part of this application, you must complete, sign, and submit with this application the attached Consent Form (Form D).

3. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes\* ☐ No

**\*If you answered "Yes", you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.**

4. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes\* ☐ No

**\*If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

5. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes\* ☐ No

**\*If you answered "Yes" to this question, please attach an explanation.**

## APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**
- 2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

**Applicant's Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **201**\_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**      **My commission expires** \_\_\_\_\_

**(Seal)**

**IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.**



**STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS**

State of Georgia  
Professional Licensing Boards  
237 Coliseum Drive  
Macon, GA 31217-3858  
Telephone: (478) 207-2440  
Fax: (866) 888-9718

Web Site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

**BANK CREDIT REFERENCE**

**TO BE COMPLETED BY APPLICANT:**

To: \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

Re: \_\_\_\_\_  
Customer Name (if this is an individual application, the customer and account information below must be in the individual's name. If this is a qualifying agent application, the customer and account must be in the name of the business organization)  
\_\_\_\_\_  
Address of Customer  
\_\_\_\_\_  
Account No(s)

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

\_\_\_\_\_  
Date Signature

**TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT**

Has the above referenced customer handled their checking account in a satisfactory manner?  
☐ Yes ☐ No, Explain \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Number of overdrafts in last 12 months:: \_\_\_\_\_

Does this customer have any loans? ☐ Yes \* ☐ No  
If "Yes", how many payments over 30 days \_\_\_\_\_, 60 days \_\_\_\_\_, 90 days \_\_\_\_\_.  
Date of last delinquent payment: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Title



**STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS**

**State of Georgia  
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237 Coliseum Drive  
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Fax: (866) 888-9718**

**Web Site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)**

**LETTER OF REFERENCE FOR RESIDENTIAL-LIGHT COMMERCIAL CONTRACTOR  
(Please complete and return directly to applicant)**

**TO BE COMPLETED BY APPLICANT:**

From: ☐ Training Non Commissioned Officer ☐ Training Manager

Reference Relating to: \_\_\_\_\_  
(Please print name of individual applying in the applicants own name and/or qualifying agent applying to engage in residential-light commercial contracting in the name of a business organization)

Address of Applicant: \_\_\_\_\_

**TO BE COMPLETED BY TRAINING NON COMMISSIONED OFFICER OR TRAINING MANAGER AND RETURNED  
DIRECTLY TO APPLICANT:**

The above named individual is applying for a residential-light commercial contractor's license in the State of Georgia. Please assist the applicant and the Board by furnishing the following information in detail.

1. Is the above information supplied by applicant correct:  
☐ Yes ☐ No, Explain: \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Were you satisfied with the applicant's overall performance and completion of projects?  
☐ Yes ☐ No, Explain: \_\_\_\_\_
4. What is your opinion of the residential-light commercial contracting abilities, skills, and knowledge of the applicant regarding each project?
5. Do you recommend a state license to conduct residential-light commercial contracting be granted to the above applicant? ☐ Yes ☐ No, Explain: \_\_\_\_\_
6. Please mention any other comments you would like to include regarding the applicant's abilities, skills, knowledge, and integrity.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Registration or License Number from applicable state)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)

Reference Ltr  
10/30/13

Form C



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the State Licensing Board for Residential and General Contractors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

☐ I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children

**Consent Form  
10/30/13**

**Form D**



State Licensing Board for Residential and General Contractors

State of Georgia

Professional Licensing Boards

237 Coliseum Drive

Macon, Georgia 31217-3858

Telephone: (478) 207-2440

Fax: (866) 888-9718

Web-Site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

**LINE OF CREDIT FOR RESIDENTIAL CONTRACTOR**

**TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT**

Date: \_\_\_\_\_

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)

Address

City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, Residential Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, Residential Contractor Division, should we become aware of any significant change(s) in financial conditions of the above-named applicant.

Yours truly,

(Signature)

(Name/Title)

**SAMPLE LETTER – FOR BANK USE ONLY**

**Instructions**

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC  
05/15/09

Form E

Name \_\_\_\_\_

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]